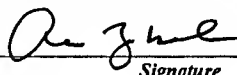


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| TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c)) | | | | Docket No. DC5113PCT1 | |
| In Re Application Of: | | | | De Caire et. al | |
| 10/552537 | | | | | |
| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. |
| | | | 00137 | | |
| Title: Personal Care Applications of Emulsions Containing Elastomeric Silanes and Siloxanes with Nitrogen Atoms | | | | | |
| <div style="text-align: center;"> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 </div> <div style="text-align: center; margin-top: 10px;"> 37 CFR 1.97(b) </div> <p>1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.</p> <div style="text-align: center; margin-top: 20px;"> 37 CFR 1.97(c) </div> <p>2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:</p> <div style="margin-left: 40px; margin-top: 10px;"> <input type="checkbox"/> the statement specified in 37 CFR 1.97(e); </div> <div style="text-align: center; margin-top: 10px;"> OR </div> <div style="margin-left: 40px; margin-top: 10px;"> <input type="checkbox"/> the fee set forth in 37 CFR 1.17(p). </div> | | | | | |

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| <div style="text-align: center;"> Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) </div> <div style="margin-top: 10px;"> <input type="checkbox"/> A check in the amount of _____ is attached. <input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1520 as described below. <div style="margin-left: 20px;"> <input type="checkbox"/> Charge the amount of _____ \$ <input type="checkbox"/> Credit any overpayment. <input type="checkbox"/> Charge any additional fee required. </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">Certificate of Transmission by Facsimile*</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. _____) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> _____ (Date) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> _____ Signature </div> <div style="border: 1px solid black; padding: 5px;"> _____ Typed or Printed Name of Person Signing Certificate </div> </div> <div style="width: 45%;"> <p style="text-align: center;">Certificate of Mailing by First Class Mail</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a) _____] </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> _____ (Date) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> _____ Signature of Person Mailing Correspondence Christine M. Fitak </div> <div style="border: 1px solid black; padding: 5px;"> _____ Typed or Printed Name of Person Mailing Certificate </div> </div> </div> <div style="margin-top: 10px;"> <p>*This certificate may only be used if paying by deposit account.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="font-size: 1.2em; margin-bottom: 5px;">  </p> <p style="text-align: center; font-size: 0.8em;">Signature</p> </div> <div style="width: 45%;"> <p>Dated: 10/11/2005</p> <p>CustomerNumber 00137</p> </div> </div> <div style="margin-top: 20px;"> <p>Alan Zombeck Reg. No. 45,260 Telephone: 989-496-3101 Patent Agent Mail Number C01232 P.O. Box 994 2200 W. Salzburg Road Midland, MI 48686-0994 UNITED STATES OF AMERICA</p> </div> </div> <div style="margin-top: 20px;"> <p>cc:</p> </div> | | | | | |

PTO/SB/08a (08-03)

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(Use as many sheets as necessary)

Sheet 1 of 1

Complete if Known

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| Application Number | 10/552537 |
| Filing Date | |
| First Named Inventor | De Caire |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | DC5113 PCT1 |

U. S. PATENT DOCUMENTS

| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| | | Number-Kind Code ² (if known) | | | |
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FOREIGN PATENT DOCUMENTS

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| Examiner Signature | /Jyothisna Venkat/ | Date Considered | 07/03/2010 |
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